

Charter School Facility Grant Program
(Education Code Section 47614.5)

Facility Expenditure Report
Fiscal Year 2002-03

Charter Name: _____ **CS #:** _____
County-District-School (CDS) Code: _____
Name/Title of Contact Person: _____
Phone Number: _____ **Fax Number:** _____
E-mail: _____

If Multi-site charter only:

Name and address of site for this report: _____

Certified P-2 classroom-based ADA at site: _____

Please provide the actual expenditures incurred during the 2002-03 fiscal year.
Information provided on this report is subject to audit. Please refer to the instructions
and the definitions in the California School Accounting Manual (CSAM) prior to
completing this form.

	<u>Amount</u>
A. Facilities Rent or Lease:	_____
B. Remodeling:	_____
C. Deferred Maintenance:	_____
D. Installation or Extension of Service Systems or Built-in Equipment:	_____
E. Site Improvements:	_____
TOTAL	_____

I certify that I have completed this form in accordance with the instructions and
that the charter school named above meets all program eligibility requirements.

Name/Title

Signature/Date

(Applications must be received by CDE by August 11, 2003)